



WARRINGTON SCHOOL

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It is important that this **Parental consent and risk disclosure** form and the **Health profile** form are completed by all adult and student participants in the EOTC event, to comply with school health and safety requirements.

The purpose of the forms is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising activities on the EOTC event.

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to the school by / /

A separate **Health Profile** form is to be completed for each person attending the event.

School/group:

Details of event:

Location:

Start date Time Finish date Time

PARTICIPANT INFORMATION FORM

Please complete these details:

Name

Address

Telephone Cell phone

Year or class level Age

Family doctor's name Ph

Address

Community service card number

Medic Alert Number (if applicable)

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL.

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

1. Name	<input type="text"/>	(Emergency contact)
Relationship	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
Day Phone	<input type="text"/>	Evening Phone <input type="text"/>
Cell Phone	<input type="text"/>	
2. Name	<input type="text"/>	(Alternative emergency contact)
Relationship to participant	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	
Day Phone	<input type="text"/>	Evening Phone <input type="text"/>
Cell Phone	<input type="text"/>	

Parental consent

I agree to my child/myself taking part in the EOTC event and have read the information sheet. I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

Acknowledgment of risk

I have read the EOTC event information sheet and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that my child has been involved in the development of safety procedures. I will do my best to ensure that my child and I follow these procedures.

I know that I am able to ask any questions of the school about the activities I / my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Print name	<input type="text"/>
Signed	<input type="text"/>
To be read and signed by adult participant or parent/caregiver of child participant.	
Date	<input type="text"/>